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	Certificate of Mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Kathleen E. Rothrock (Depositor's name)							
SCHWEGMA P.O. BOX 2938 MINNEAPOLIS								
				Hai	elee.	Paul	rel	(Signature)
		•	Į			9-17-0	<u> </u>	(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		: CONFIRM	CONFIRMATION NO.	
10/824,775 04/15/2004			Brian Fideler		899.087US1 6705			
TITLE OF INVENTION		RATUS FOR MODULA	AR HEARING AID			 		
APPLN. TYPE	SMALL ENTITY	LL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE		UE PREV. PAID ISS	PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUI			ATE DUE
nonprovisional	NO	\$1440	\$300	\$300 \$0		\$1740	. 12	2/08/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS					
LE, HU	YEN D	2615	381-328000					
1. Change of corresponde	nce address or indication	n of "Fee Address" (37		he patent front page,		1		
CFR 1.363). Change of correspondence of corresp	ondence address (or Cha 1/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Schwegman, Lundberg						
		(2) the name of a single firm (having as a member a 2						
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.					
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or	type)		-		
PLEASE NOTE: Unle	ess an assignee is identi	fied below, no assignee letion of this form is NO	data will appear on th Ta substitute for filing	e patent. If an assig	gnee is iden	tified below, the de	ocument ha	s been filed for
(A) NAME OF ASSIG	(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Starkey Lab	oratories, Inc.	Eden Prai:	rie, Minnesot	ca	•			
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🏋 Corporation or other private group entity 🚨 Government								
4a. The following fee(s) a	re submitted: o small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).						
5. Change in Entity State	us (from status indicated SMALL ENTITY statu		☐ b. Applicant is no	longer claiming SM	ALL ENTIT	Y status, See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requ	ired) will not be accepted	i from anyone other the	an the applicant; a re	gistered atto	rney or agent; or th	e assignee	or other party in
imerest as shown by the re	cords of the Office Star	co I atche and Tracomark	Oliloo.					
Authorized Signature	/Timothy E	.Bianchi/		Date S	ept. 1	L7, 2008		
Typed or printed name	Timothy E.			Registration	No39	9,610		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								
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PTOL-85 (Rev. 08/07) Ap	proved for use through	08/31/2010.	OMB 0651-0033	U.S. Patent and Tr	ademark Of	fice; U.S. DEPAR	rment of	COMMERCE